



# 15th Annual Youth Leadership Morgan Hill

## Activity Code #: SSV005

YLMH is a 5-day program for teens ages 13 to 18 interested in developing their leadership skills and/or serving with the Youth Action Council (YAC) for the September 2020 to May 2021 session. YLMH students will have the opportunity to learn about and apply for YAC during this program. YLMH gives teens a sense of empowerment and a chance to contribute and serve their community.

Additionally, the program builds bonds between teens, and connects them with current community officials and business leaders. REGISTRATION PACKET will be available in March. Applications can be found at the Centennial Recreation Center (CRC), Community and Cultural Center (CCC), and Aquatics Center (AC) Welcome Desks. A scholarship application form is attached to the registration packet if needed. Please return completed scholarship application form to Chiquy Mejia at the Centennial Recreation Center for approval. Register early as this program does fill! Maximum 25 participants.

<u>Date</u>	<u>Time</u>	<u>Location</u>
Monday	7/13 9:30am-2:30pm	CCC
Tuesday	7/14 9:30am-2:30pm	Council Chamber
Tuesday	7/14 6:00pm-7:30pm	CRC - YAC Applicants & Parents Orientation*
Wednesday	7/15 9:30am-2:30pm	CCC
Thursday	7/16 9:30am-2:30pm	CRC
Friday	7/17 9:30am – 12:00pm	Anaerobe Systems - Graduation Brunch
Friday	7/17 2:00pm	CRC - YAC Interviews*

\*Only for YLMH students who apply to serve with YAC

Resident: \$70 / CRC Member: \$65

Non-Resident: \$75 / CRC Member: \$70

Sponsored by:



Anaerobe Systems  
The Oxygen-Free Specialists

For more information contact the Centennial Recreation Center at 408.782.2128

Parents please keep this sheet and submit the rest at the time of registration.

# Registration Form 2020

Activity Code #: SSV005



## Student Information

Please write legibly in either blue or black ink.

Participant's Complete First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nick Name – Optional: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you find out about this program? \_\_\_\_\_

Are you a vegetarian? ☐ Yes ☐ No Participant's shirt size: \_\_\_\_\_

\*Participants who are vegan or have a special diet will need to bring their own lunch and/or snacks.

We provide a light breakfast, what type of items do you like? \_\_\_\_\_

## PARENT/ LEGAL GUARDIAN INFORMATION

Parent's Complete First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please turn in this application form along with the Emergency/Allergies and Community Solutions Forms, and register at the Morgan Hill Centennial Recreation Center (CRC), Aquatics Center (AC) or Community and Cultural Center (CCC) Welcome Desks. Space is limited to 25 students. Scholarship/Financial Assistance is available; please contact Chiquy Mejia at 408.310.4253 for more information.

Student's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING DEVELOPMENTAL ASSETS ONE TEEN AT A TIME!**

# CITY OF MORGAN HILL AND YMCA OF SILICON VALLEY: RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA and City of Morgan Hill (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in recreation programs including classes where the participants supply their own equipment, or participation in any off-site program affiliated with the YMCA or City of Morgan Hill, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA or City of Morgan Hill for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment, including equipment supplied by the participant, thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA AND CITY OF MORGAN HILL FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE RECREATION PROGRAM AFFILIATED WITH THE YMCA OR CITY OF MORGAN HILL, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, AND DISCHARGES the YMCA, its directors, officers, employees, and agents, and City of Morgan Hill elected officials, officers, employees, agents and representatives(hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment, including equipment supplied by the participant, therein or participating in any program affiliated with the YMCA or City of Morgan Hill.
2. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY CONVENANTS NOT TO SUE either the YMCA, its directors, officers, employees, and agents, or City of Morgan Hill elected officials, officers, employees, agents and representatives(hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment, including equipment supplied by the participant, therein or participating in any program affiliated with the YMCA or City of Morgan Hill.
3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA or City of Morgan Hill premises or in any way observing or using any facilities or equipment, including equipment supplied by the participant, of the YMCA or City of Morgan Hill or participating in any program affiliated with the YMCA and City of Morgan Hill whether caused by the negligence of the releases or otherwise.
4. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about or upon the premises of the YMCA or City of Morgan Hill and/or while using the premises or any facilities or equipment, including equipment supplied by the participant, thereon or participating in any program affiliated with the YMCA or City of Morgan Hill.
5. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY consents to and authorizes the use and reproduction of any and all photographs and video which have been taken of the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for the promotional purposes of the YMCA and City of Morgan Hill, or anyone authorized by the YMCA or City of Morgan Hill. The undersigned understands that no reimbursement will be given for allowing the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin's photo or video to be taken and the use of the photo or video.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. **I HAVE READ THIS RELEASE.**

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Signature of Participant

Print Name

Date

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Signature of Legal Guardian/Parent

Print Name

Date

# Emergency/Medical Release & Allergy Information Form



Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Legal Guardian/Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Alternative Emergency Information

Name	Cell Phone	Relationship
_____	_____	_____
_____	_____	_____

Any allergies or medical conditions? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Signature of Participant	Print Name	Date
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Signature of Legal Guardian/Parent	Print Name	Date
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Creating Opportunities • Changing Lives

Dear Parent or Guardian,

We are pleased to inform you that your child has the opportunity to participate in a one-hour presentation of the Teen Assault Awareness Program (TAAP) presented by Community Solutions. This program is for children ages 12-17.

The TAAP program is an interactive presentation where teens learn about sexual assault, domestic violence, healthy relationships, and staying safe. The goals of the program are to:

- Educate teens about consent, sexual assault, and domestic violence
- Encourage teens to ask for help if they encounter any type of situation that could be abusive- on any level
- Ensure teens can identify trusted adults in their lives
- Promote healthy relationships

TAAP is a great opportunity for your teen to learn important lessons that can help keep them safe.

If you would like for your child to participate in the TAAP program, please complete the form below.

If you have any further questions, please contact Erica Elliott at (408) 776-6246.

Sincerely,  
Erica Elliott  
Program Manager  
Solutions to Violence Department

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I **would** like for my teen to participate in the TAAP program that will be offered by  
Community Solutions

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Child's Name

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Parent/Guardian Signature

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Date